

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99012 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 2, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Matters
(Mottis)

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

8

Years,

5

Months,

—

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Chicago Ill.

Duration of Residence in the City of Baltimore,

2 years

Place of Death,

{ Give Street and Number. }

904 Harris St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Dysentery
Acute

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

Apr. 4th 87

{ Undertaker,

G. France

E. J. Williams M. D.

Medical Attendant.

{ Place of Business,

York & Wolfe

Address,

2816 Emden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99013 Office of Registrar of Vital Statistics

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1887

Full Name of Deceased, Augustus
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, male
{ Cross out the word not required in this line. }

Age, 41 Years, 41 Months, 41 Days.

Color, White

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, Marasmus

Birth Place, Balto. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, St. Vincent's Asylum
{ Give Street and Number. }

Cause of Death, Marasmus
{ First (Primary), Second (Immediate), Ex- }

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Leach's Cemetery

Date of Burial, April 4, 1887

Undertaker, John Masterson

Place of Business, Division 4 Address, 1701 Dr. Hill ave.

J. F. Lannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99017 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, Albert Anchor { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 17 Years, 17 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1202 S. Charles Street { Give Street and Number. }

Cause of Death, Cold { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 4th 1887

Undertaker, B. Harle James A. Stearns M. D.

Place of Business, West St Address, Camp & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry C. Seward S. J. [OVER.]

The Special Attention of Physicians is respectfully invited to the requirements below, and to those of the Board of Health of this City.

Health Department, City of Baltimore.

Permit No. 99015 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is required to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 3
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mahoney
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 23 Years, _____ Months, _____ Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 51 Little Hughes St

Cause of Death, { First (Primary), _____
Second (Immediate), _____ } Consumption
Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 4 1887

Undertaker, James Doyle M. W. Warfield M. D.

Place of Business, 618 S. Charles Address, Balto to Soul, Dist Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99016 Office of Registrar and Statistics.

Ward 7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, James H. Ellis April 2, 1887

Full Name of Deceased, James H. Ellis
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 43 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, Married
{ Cross out the words not required in this line. }

Occupation, Brickmaker

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1004 N. Dunham St.
{ Give Street and Number. }

Cause of Death, Consumption
{ First (Primary), Second (Immediate), }
Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Abney Cemetery

Date of Burial, Apr 5 - 1887

Undertaker, Wm. W. Nadder

Place of Business, 76 East St.

A. L. Gage M. D.
Medical Attendant.

Address, 1153 N. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99017 Office of Registrar of Statistics. Ward 6th
The Physician who attended any person in a last illness, or responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt R. Jones
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 55 Years, _____ Months, _____ Days.
Color, colored
Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }
Occupation, Sabaro
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland
Duration of Residence in the City of Baltimore, 18 years
Place of Death, { Give Street and Number. } # 1307 Orleans Street
Cause of Death, { First (Primary), Second (Immediate), } Peritonitis.
Duration of Last Sickness, One week
All the above information should be furnished by the Physician.
Place of Burial, White Haven Chapel
Date of Burial, Apr 5- 1887
(Undertaker, Wm Madden) Sam'l D. Powell M. D.
Medical Attendant.
(Place of Business, 46 East St) Address, # 29 Asquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4619 Laurel

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99018

Office of Registrar of Vital Statistics.

Ward

6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 3. 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Moore
Moore.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

40 Years,

Months,

Days.

Color,

colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

house

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

122 Monticary St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pneumonia
Exhaustion
Three mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 4

{ Undertaker,

Jahn E. Grace

{ Place of Business,

313 South Conine St

Address,

2000 E. D. D. St.

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99019 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Lase, (Mother dead)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } Vincent Alley # 706

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, ✓
All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 24th 1887

{ Undertaker, William Dungen } L. G. Sparrow M. D.
Medical Attendant.

{ Place of Business, 150 East SA Address, } Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99020 Office of Registrar of Vital Statistics.

Ward 12.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane A. Sappington

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years, 11 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Anne A. County Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give Street and Number. } 507 Wilson St

Cause of Death, { First (Primary), Second (Immediate), } Carcinoma of Breast.
Exhaustion from septic trouble

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mellusville Md

Date of Burial, Apr 5 1887

Undertaker, Wm J. Turner J. J. Flannery M. D.

Place of Business, 221 S. Eutan St Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Trans. 4820

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 99021 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Estelle Morely

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 14 Months, 0 Days.

Color, Dark brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 14 months

Place of Death, { Give Street and Number. } No 505 Walnut Alley

Cause of Death, { First (Primary), Second (Immediate), } Unknown Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Spencetown

Date of Burial, April 5 1887

{ Undertaker, Horace B. B. Benj. H. Bohner M. D. Medical Attendant.

{ Place of Business, 104 E. Con. St. Address, Cor. Mulberry & Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]